United States District Court

for the

Eastern District of New York

TRUSTEES OF THE PLUMBERS LOCAL UNION NO. 1 WELFARE FUND, TRADE EDUCATION FUND, AND 401(K) SAVINGS PLAN,)))		
Plaintiff(s))		
v.) (Civil Action No.	24-cv-2568
SPRAY IN PLACE SOLUTIONS, LLC and ATLANTIC SPECIALTY INSURANCE COMPANY,)))		
)		
Defendant(s))		

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address) Spray In Place Solutions, LLC - 45 Knickerbocker Avenue, Suite 1, Bohemia, New York 11716
Atlantic Specialty Insurance Company - One State Street Plaza, Fl 31, New York, New York 10004

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: VIRGINIA & AMBINDER. LLP

40 BROAD STREET, 7th FLOOR NEW YORK, NEW YORK 10004

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: 04/05/2024

BRENNA B. MAHONEY CLERK OF COURT

Cynthia Valera

Signature of Clerk or Deputy Clerk

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Civil Action No.

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (1))

		ne of individual and title, if any)					
was re	ceived by me on (date)	·					
	☐ I personally served	the summons on the individual	at (place)				
			on (date)				
	☐ I left the summons at the individual's residence or usual place of abode with (name)						
	, a person of suitable age and discretion who resides there,						
	on (date), and mailed a copy to the individual's last known address; or						
	\square I served the summons on (name of individual), who						
	designated by law to accept service of process on behalf of (name of organization)						
			on (date)	; or			
	☐ I returned the sumn	nons unexecuted because		; or			
	☐ Other (specify):						
	My fees are \$	for travel and \$	for services, for a total of \$	0.00			
	I declare under penalty of perjury that this information is true.						
Date:							
			Server's signature	<u></u>			
			Printed name and title				
			Server's address				

Additional information regarding attempted service, etc: